SENDER: COMPLETE THIS SECTION	ΟN	COMPI	ETE THIC	0505		\$11
<ul> <li>Complete items 1, 2, and 3. Also contend 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the so that we can return the card to your attach this card to the back of the nor on the front if space permits.</li> </ul>	ed. reverse	A. Signa X B. Recei	eture OAL ived by (Pr	SECTION Of Manne,	C(a.	
Article Addressed to:		D. Is deli	Verv. address	s different fr		112.187
Macon County.	Sherry	If YES	, enter deli	very address	om item 11 s below:	Yes □ No
246 County R	lest L	O C	700		54	
Juskege, AC	A) 83	☐ Regi ☐ Insur	ified Mail stered ed Mail		Receipt fo	or Merchandise
2. Article Number	4.	Restricte	ed Delivery	? (Extra Fee)	)	☐ Yes
(Transfer from service label)	7004 1	760	0003	5800	4661	
PS Form 3811, February 2004	Domestic Return F	Receipt			10	2505 02 M 1542